## OFFICIAL COPY

Record at the request of and when recorded return to: GoodLeap, LLC



Doc# 2314447022 Fee \$93.00

UCC FINANCING STATEMENT					,
FOLLOW INSTRUCTIONS		RH!	SP FEE:	\$9.00 RPRF FEE: \$1	1.00
A. NAME & PHONE OF CONTACT AT FILER (optional)		'KAI	REN A.	YARBROUGH	
		cod	к соин	TY CLERK	
B. E-MAIL CONTACT AT FILER (optional)		DAT	E: 05/	24/2023 10:21 AM	PG: 1 OF :
filings@goodleapsupport.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)				THE TOTAL TOTAL MIL	ro. I or i
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	_		<i>-</i>		
GoodLeap, LLC					
PO Box # 981.440					
El Paso, TX 72938- 1440					
El Paso, 17, 75590-1440	ı				
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		THE ABOVE SPA	CE IS FO	R FILING OFFICE USE	ONLY
1. DEBTOR'S NAME: Provide on, y are Patter name (1a or 1b) (use exact, full or name with not fit in line 1b, leave all of it m ' olank, check here and provide to an ORGANIZATION'S NAME	he Individual Debt	or information in item 10 of the Fi	nancing St	atement Addendum (Form UC	CC1Ad)
OR 15, INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Butler	Sandra				
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
18031 Lavergne Ave	Country (	Club Hills	IL	60478	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full in name will not fit in line 2b, leave all of item 2 blank, check here and provide).	name; do not omit, ne Individual Debt	modify, or abbreviate any part of or information in item 10 of the F	the Debto nancing Si	's name); if any part of the In alement Addendum (Form UC	dividual Debtor's CC1Ad)
2a. ORGANIZATION'S NAME	C	10 <u>.</u>			
OR 2b. INDIVIDUAL'S SURNAME	FIRST PI RSC N	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Butler	Willie	12			
2c. MAILING ADDRESS	CITY	21.4 (2011	STATE	POSTAL CODE	COUNTRY
18031 Lavergne Ave	Country (	July Palls	IL	60478	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	RED PARTY): Pro	ovide only one Secure.' Party nan	ne (3a or 3	o)	
3a. ORGANIZATION'S NAME		()			
GoodLeap, LLC	Initial and a second	<u> </u>	LABOUTIC	ACAL MANAGONOMITIAL (C)	SUFFIX
3b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	
3c, MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8781 Sierra College Boulevard	Roseville		CA	75746	0071
4. COLLATERAL: This financing statement covers the following collateral:  All of the debtors right, title and interest in the Photov	oltaic Solar	Energy Equipment	or Ene	rgy Storage/Batter	y · · · · ·

Equipment (If any), including but not limited to rooftop solar panels, solar roofing materials, wall mounted batteries, stand alone batteries, inverters, cables and wires, support brackets, roof mounted or ground mounted racking systems related equipment, and additions or replacements of the same. In addition, the security interest includes all warranties issued with respect to the referenced collateral

S	H
SC	
INT	IP

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lossee/Lessor Consignee/Consignor Seller/Buy	yer Bailee/Baitor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
Acct # 2311137854	

2314447022 Page: 2 of 2

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_	Statement; if line 1b was left blan	k		•		
because Individual Debtor name did not fit, check here						
98. ORGANIZATION S NAME						
9b. INDIVIDUAL'S SURNAME		- " -				
Butler						
FIRST PERSON L VAN E						
Sandra						
ADDITIONAL NAME(S)/(VITI/L/S)	SUFI	ΊΧ				
70		<b>.</b>	THE ABOVE	SPACE	S FOR FILING OFFICE	E USE ONL
DEBTOR'S NAME: Provide (10a c 10b) and additional Deb do not omit, modify, or abbreviate any part of the Cebtor's name) and 10a, ORGANIZATION'S NAME			b or 2b of the F	inancing S	tatement (Form UCC1) (us	se exact, full r
IDA. ORGANIZATION S NAME						
10b, INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	<del></del>					SUFFIX
. MAILING ADDRESS	CIT Y			STATE	POSTAL CODE	COUNT
•	0.					
ADDITIONAL SECURED PARTY'S NAME or	ASSIGNOR SECURED	PARTY'S NA	ME: Provide o	only one na	me (11a or 11b)	
11a. ORGANIZATION'S NAME		$\mathcal{I}_{x}$				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	, NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
. MAILING ADDRESS	CITY		10	STATE	POSTAL CODE	COUNT
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ADDITIONAL SPACE FOR ITEM 4 (Collateral):	<u> </u>		7			
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				(		
★ This FINANCING STATEMENT is to be filed [for record] (or record)	orded) in the 14. This FINANCI	NG STATEMENT	:	(		
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Name and address of a RECORD OWNER of real estate described in	Covers un	nber to be cut	_	extracted		a fixture filin
Name and address of a RECORD OWNER of real estate described in (if Debtor does not have a record interest):	item 16 16. Description of	nber to be cut real estate:	_	extracted		a fixture filin
Name and address of a RECORD OWNER of real estate described in (if Debtor does not have a record interest):	Covers un	nber to be cut real estate:	_	extracted		a fixture filin
Name and address of a RECORD OWNER of real estate described in (if Debtor does not have a record interest):	item 16 16. Description of County of Address o	real estate:  f: Cook	covers as-	,		a fixture filin
Name and address of a RECORD OWNER of real estate described in (if Debtor does not have a record interest):	County of  Address o  Real Estat	real estate:  f: Cook  f e: 18031 Lave	covers as	,	collateral X is filed as	a fixture filin
Name and address of a RECORD OWNER of real estate described in (if Debtor does not have a record interest):	County of  Address o  Real Estat	ther to be cut real estate:  f: Cook  f e: 18031 Lave  : 2833406	covers as-	ountry Cl	collateral X is filed as	
Name and address of a RECORD OWNER of real estate described in (if Debtor does not have a record interest):	Address of Real Estat  APN LOT 158 IN	ther to be cut real estate:  f: Cook  f e: 18031 Lave : 2833400 WOODLAND	covers as- ergne Ave, Co 5025 D HILLS UNI	ountry Cl	collateral X is filed as ab Hills, IL, 60478	OF PART
This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in (if Debtor does not have a record interest):  undra Butler and Willie Butler	Address of Real Estat  APN  LOT 158 IN THE NORTH	ther to be cut real estate:  f: Cook  fe: 18031 Lave : 2833400 WOODLANI HEAST 1/4 OI	covers as- ergne Ave, Co 6025 D HILLS UNI	ountry Cl T 3, BEI 'HEAST	collateral X is filed as	OF PART IEAST 1/4